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Date:	April 20, 2006
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	107211672
	Filing Date	11/25/03
	First Named Inventor	Lisa Lloyd
	Title	FLEXIBLE HAIR CUP AND COMB COMBINATION
	Art Unit	3732
	Examiner Name	Robyn Kieu Doan
	Attorney Docket Number	IVP-109

I hereby revoke all previous powers of attorney given in the above-identified application.

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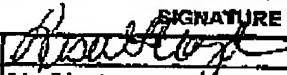
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(h) is enclosed. (Form PTO/SB/05).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	4/16/06
Name	Lisa Lloyd	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

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